



# ASBESTOS LANDFILL RECOGNITION FORM (AAC-7 OS)

## Out of State Landfills

Louisiana Department of Environmental Quality

Notifications and Accreditations Section

P.O. Box 4313, Baton Rouge, LA 70821-4313

Phone (225) 219-0789 Fax (225) 219-3310

### I. Instructions:

AI No. \_\_\_\_\_

This application must be completed and submitted to the Louisiana Department of Environmental Quality at the above address. All landfills must enclose a copy of the section of the approved permit that addresses friable and/or non-friable asbestos containing waste material (ACWM). Upon receipt of an acceptable application, the landfill will be included on Louisiana's Asbestos Recognition List. If you have any questions, please contact Christopher Mayeux, Manager, at (225) 219-0789; or Mia Townsel, Supervisor at (225) 219-1665.

### II. Landfill Information: (Please Print)

|  |           |   |         |
|--|-----------|---|---------|
| Name of Landfill:  |           | Physical Location of Landfill:  |         |
| Mailing Address:   |           | Contact Name:   |         |
| City:  |           | Contact Phone No.   | Fax No. |
| State:   | Zip Code: | Email Address:  |         |
| Accepts: (check all that apply)<br>____ Friable ____ Non-friable ____ No ACWM  |           | If non-friable ACWM <u>Only</u> is Accepted:<br>____ Category 1 ____ Category 2 |         |
| Landfill Type: (check one)<br>____ Type I or II Commercial/Residential Landfill ____ Type III Construction and Debris Landfill |           |   |         |

### III. Availability and Compliance with LAC 33:III.Chapter 5151, Louisiana Asbestos Regulations. (To be completed and signed by the facility manager. Please check "yes" or "no" after each statement)

A. A copy of LAC 33:III.Chapter 5151, which pertains to asbestos renovation/demolition and waste disposal is on site at the landfill and made available to all employees.

\_\_\_\_ Yes \_\_\_\_ No

B. The facility has properly trained employees concerning the above regulations.

\_\_\_\_ Yes \_\_\_\_ No

C. The facility is permitted to accept asbestos-containing waste noted in Part II of this form.

\_\_\_\_ Yes \_\_\_\_ No If yes, indicate La. Permit No. \_\_\_\_\_

\_\_\_\_\_  
Facility Manager (Print Name) & Sign

\_\_\_\_\_  
Date